

AMENDMENT TRANSMITTAL LETTER				Docket No. 200.1133CON																																																		
Application No. 10/689,866; Conf. #3333	Filing Date October 21, 2003	Examiner Humera N. SHEIKH	Art Unit 1615																																																			
Applicant(s): OSHLACK et al.																																																						
Invention: TAMPER-RESISTANT ORAL OPIOID AGONIST FORMULATIONS																																																						
<p style="text-align: center;">TO THE COMMISSIONER FOR PATENTS</p> <p>Transmitted herewith is an amendment and suggestion for interference in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="7" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Claims Remaining After Amendment</th> <th style="width: 15%;">Highest Number Previously Paid</th> <th style="width: 15%;">Number Extra Claims Present</th> <th style="width: 15%;"></th> <th style="width: 15%;">Rate</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">100</td> <td style="text-align: center;">- 73 =</td> <td style="text-align: center;">27</td> <td style="text-align: center;">x</td> <td style="text-align: center;">52</td> <td style="text-align: right;">1,404.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">15</td> <td style="text-align: center;">- 11 =</td> <td style="text-align: center;">4</td> <td style="text-align: center;">x</td> <td style="text-align: center;">220</td> <td style="text-align: right;">880.00</td> </tr> <tr> <td colspan="6">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="6">Other fee (please specify):</td> <td></td> </tr> <tr> <td colspan="6">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td style="text-align: right;">\$2,284.00</td> </tr> </tbody> </table> <div style="margin-top: 10px;"> <input type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>50-0552</u> in the amount of \$ <u>2,284.00</u>. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0552</u> as described below. <div style="margin-left: 40px;"> <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. </div> </div> <div style="margin-top: 20px;"> <div style="display: flex; justify-content: space-between;"> <div> /Oleg Ioselevich/ Oleg Ioselevich Attorney/Agent Reg. No.: 56,963 </div> <div> Dated: <u>May 11, 2010</u> </div> </div> <div style="margin-top: 20px;"> DAVIDSON, DAVIDSON & KAPPEL, LLC 485 Seventh Avenue, 14th Floor New York, New York 10018 Phone: (212) 736-1940 </div> </div>						CLAIMS AS AMENDED								Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate		Total Claims	100	- 73 =	27	x	52	1,404.00	Independent Claims	15	- 11 =	4	x	220	880.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>							Other fee (please specify):							TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						\$2,284.00
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